

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10633475**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		16		10		
34		16		1		
35		16		1		
36		16		1		
37		16		1		
38		16		1		
39		16		1		
40		16		1		
41		16		1		
42		16		1		
43		16		1		
44		16		1		
45		16		1		
46		16		1		
47		16		1		
48		16		1		
49		16		1		
50		16		1		
51		18		18		
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95		18		18		
96		18		18		
97		18		18		
98		18		18		
99		18		18		
100		18		18		
TOTAL IND.	2	1	2	1	2	1
TOTAL DEP.	565	1	565	1	565	1
TOTAL CLAIMS	567		567		567	

45
94
139